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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF ACUTE IDIOPATHIC TETANUS.

BY T. N. RAFFERTY, M.D.,
Of Palestine, Ill.

The title of my communication will relieve me from the necessity of attempting a systematic dissertation upon the subject of tetanus, my intention being to lay before your readers the history of a case that occurred recently under my observation, and which is interesting because of its rare occurrence. In attempting to look up the literature of the subject, I find that the authorities have very little to say about it, many of them not having seen a single case, except of the traumatic form.

In Watson's *Practice of Physic** we find two cases mentioned, one having occurred in the practice of Dr. Gregory, of Edinburgh, the other related by Dr. Hall, of Berwick, in the *Edinburgh Medical and Surgical Journal*. Dr. Watson himself says, "the affection is extremely rare in this country." Da Costa† says, "idiopathic tetanus is very seldom met with in temperate climates." Another author says: "It may arise from other sources than surgical wounds, but we must regard it as a disease chiefly arising from traumatic lesion of some kind."‡

CASE.—On April 22d, J. C., a robust man, aged forty years, was engaged in driving hogs out of a marshy field, and by the exertion of

running became greatly overheated; the ground being partially covered with water, his feet were thoroughly wet, and remained so during the day. The next morning, on waking, he noticed a slight distortion of the face, difficulty in opening the mouth and in swallowing, with very considerable stiffness of the muscles of the neck. I saw the patient for the first time on the morning of April 24th, two days after the exposure. There was marked trismus, though not complete; he could open his mouth enough to admit the protrusion of the tip of the tongue, which had already been severely bitten several times, and which was, in consequence, considerably swollen, but not coated, or but slightly so. The temperature of the body was normal; skin moist, convulsive movements not very frequent, and confined to muscles of face, to the glottis and diaphragm, and productive of great distress, the pain being described as beginning at lower end of sternum and running directly back to the spinal column. No pain during intermissions, except from the wounds in the tongue. His bowels were regular, the urine free. Heart's action normal, but increased during paroxysm to 120 beats per minute. There was complete absence of opisthotonos, and no rigidity of muscles of extremities.

Administered an active mercurial cathartic, to be followed by castor oil, and after the action of cathartic to have a half grain of morphia sulph. every two hours until quiet.

6 P. M. Patient has slept two or three hours during the afternoon; bowels moved freely, but the other symptoms are now much the same as in the forenoon, but augmented in violence; convulsions more frequent, increased difficulty

* Fourth edition, page 376.

† Medical Diagnosis, page 125.

‡ Erichsen: Science and Art of Surgery.

in deglutition; takes liquids with more ease than solids. Gave thirty grains hydrate of chloral, to be repeated every three hours when awake.

25th, 8 A. M. Had slept occasionally through the night, with partial muscular relaxation during naps; pulse eighty to eighty-five, irregular, but tetanic symptoms visibly increasing. Spasms more frequent and of longer duration; corners of mouth drawn down, producing well-marked *risus sardonicus*, so characteristic of the disease; slight opisthotonos; muscles of the extremities not affected. To continue the chloral hydrate, and to have with it one-twenty-fourth of a grain of sulph. of atropia

7 P. M. Patient much the same; has great thirst; pulse one hundred and twenty, body bathed in perspiration, head drawn back, jaws almost immovable, great anxiety of countenance manifest, muscles of abdomen rigid, opisthotonos increasing. The patient was now put under the influence of chloroform, used by inhalation, to the extent of entire loss of consciousness, and kept so most of the time until midnight. During its use the muscular spasms were almost completely held in abeyance, but the rigidity remained unchanged. Two other physicians were now added to the case, and it was agreed to administer a large dose of morphia; accordingly, three-fourths of a grain was given, which produced half an hour's quiet sleep, and well-marked contraction of the pupils, the tetanic symptoms all the time being on the increase.

26th, 9 A. M. Spasms continue with unabated fury. Laryngeal spasms so violent that the patient is constantly threatened with death by apnoea.

12 M. Patient died during a prolonged fit, from asphyxia, on the fourth day of the disease, five days after the exposure, remaining conscious to the last.

It is to be regretted that a trial was not made in this case of Calabar bean, a remedy that has recently come into great favor as a spinal sedative; yet the result would undoubtedly have been the same. That it was a genuine case of idiopathic tetanus seems certain. It could have been nothing else, unless it was a case of strychnia poisoning; but the points of differentiation were very clear. The treatment availed nothing, and it is doubtful if it ever does in this disease. As proof of this we have only to look at the number of remedies that have been resorted to in its treat-

ment, and note the fact that the results of all kinds of treatment have been nearly the same.

Dr. R. O. Cowling has tabulated the reports of four hundred and fifteen cases of tetanus,* from an analysis of which, made by Prof. D. W. Yandell,† we make the following extracts: "of the whole number reported two hundred and thirty-three recovered; one hundred and eighty-two died."

As a proof that recoveries only, as a rule, are published, however, "deaths not being considered of any interest," he states further that "of the unpublished cases occurring in this city (Louisville), ninety per cent. died, or but three in thirty recovered. Of these one received no treatment except nourishment; the second was cured by a Thomsonian, with lobelia and steam." In three hundred and seventy-five cases, eighty per cent. were males. In thirty-four cases of idiopathic tetanus seventy per cent. were males. Further on he says "a careful analysis of these tables warrants, I think, the statement that the results of treatment by the different remedies are so nearly the same that no one agent can justly be said to possess any decided advantage over any other."

Among other agents mentioned, we give the following: Calabar bean, Indian hemp, ether, chloroform, opium, tobacco, quinine, aconite, stimulants, mercury, bleeding, cold effusions, ice-bags, purgation, turpentine, and division of nerves. We learn further that the much vaunted Calabar bean has proved less efficient than some other remedies; while chloroform stands confessedly at the head of the list.

Dr. Franzolini‡ says, "that he was a great believer in the use of hypodermic injections, in tetanus, of Calabar bean; but has become convinced that he was too sanguine in his views in the case of a patient in his hospital with tetanus. The tincture of Calabar bean was injected in the nape of the neck. The pulse was 84, temperature 38.8, respirations 22. One hundred and thirty drops of the tincture were injected in twenty-four hours. The patient succumbed."

According to Dr. Sandell,§ of Madrid, "the cure of tetanus is sometimes effected when it does not supervene until some nine days after the accident, or when the symptoms last five days. Chloroform is the remedy that has made

* American Practitioner, Vol. II, p. 152.

† Ibid., Vol. II, p. 160.

‡ Gaz. Med. Ital. Pro. Zen.

§ Pabellon Medico, July 21st, 1871.

the most cures. If any medicine cured a case that came on soon after the exciting cause, it would claim to rank as a remedy; but as yet this has not been discovered."

Mr. Erichsen,* speaking of the chronic form of this affection, gives it as his opinion that "clearing out the bowels by a turpentine enema, breaking the violence of the spasms and giving the patient rest and ease by chloroform inhalation or by chloral enemata, and keeping up the powers of the system by injections of beef tea and brandy into the rectum till the disease wears itself out, appears most likely to be followed by a satisfactory result, when used in addition to hygienic measures. It is certainly more rational to employ such measures, than to be constantly recurring to antispasmodics and sedatives, which repeated experience has proved to be useless as curative agents, in the vain hope of finding a specific for tetanus."

Arloing and Tripier† state "that the thermometer furnishes very exact information in regard to the progress and the mode of termination of the disease. If the rectal temperature remains below an average of thirty-eight degrees, the prognosis is favorable; at the moment it reaches a higher figure the prognosis is bad; the nervous centres are probably affected." In case the disease arises from a wound in a limb, they advise section of all the nerves of the limb as high up as possible.

Referring again to the analysis of cases made by Prof. Yandell, we find he arrives at the following conclusions:—

1. That tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.

2. That it is most fatal in persons under ten years of age; that it is least fatal between ten and twenty years.

3. That traumatic tetanus usually supervenes between four and nine days after the injury; and these cases represent the largest mortality.

4. Recoveries have been usual in cases in which the disease occurs subsequent to nine days after the injury.

5. When the symptoms last fourteen days, recovery is the rule, and death the exception, *apparently independent of the treatment.*

6. That tetanus appearing in the puerperal state is the most fatal.

7. That chloroform up to this time has yielded the largest percentage of cures.

8. The true test of a remedy for tetanus is its influence on the history of the disease. Does it cure cases in which the disease has set in previous to the ninth day? Does it fail in cases whose duration exceeds fourteen days?

9. That no agent, tried by these tests, has yet established its claims as a true remedy for tetanus.

Many other reflections in regard to the treatment of tetanus, and the utter futility of all treatment up to the present time, suggest themselves, but this paper would be protracted beyond the design of the writer, and more likely beyond the patience of the reader, were these to be presented.

THE WARM VAGINAL DOUCHE IN OBSTETRICS—A CASE.

BY DR. J. C. C. DOWNING,
Of Wappinger Falls, New York.

Mrs. S., æt. 20; summoned to see her for a pain in her stomach, October 28th, at 4 o'clock, A. M. Her mother said that she was pregnant; had been married six and a half months. Patient stated that she had felt pains, at intervals, in the evening previous; that they had steadily increased; that she had refrained as long as possible from mentioning her suffering, but could bear it no longer; would die if she was not relieved. A vaginal examination revealed the occiput of the child low down, and pressing firmly against a non-yielding perineum. From replies to questions, I judged that the membrane had been ruptured not less than two hours.

I returned to my office for chloroform, opium, ergot and forceps; after a short delay, I administered chloroform, which, although not pushed, partially suspended involuntary expulsive efforts, and totally abolished all voluntary ones. The forceps being readily adjusted, moderate traction caused the head to advance satisfactorily, and without any difficulty, delivery was accomplished of a fully developed female infant, weighing about eight pounds.

The uterus contracted rather feebly, but being grasped through the abdominal parietes, and gentle traction made upon the cord, the placenta was expelled, and being several times rotated, thereby causing the membranes to form a rope, all came away. As is usual when chloroform

* Science and Art of Surgery, Vol. I, p. 753.

† Arch. de Physiol.

is given, the hemorrhage was greater than would otherwise have ensued; also, as usual, the uterus did not remain well contracted; I therefore gave one teaspoonful ext. ergot, fluid, with the ordinary result; twenty minutes after, a firm, non-relaxing globular body in the lower abdomen evinced the fact that the ergot had counteracted the chloroform, and the flow diminished to the normal amount. The hour being now 6 A. M., I left the patient comfortable, and returned at 5 P. M.; nothing noteworthy had occurred, except discharges were quite free.

Oct. 29th, morning. The patient had not slept well; complained of inability to move or turn in bed, also of soreness and undue tenderness over both ovaries; had urinated; discharges (lochia) very copious; same symptoms in the evening, and the binder, being the same, was removed. Patient was seen daily until Nov. 4th. Nothing noteworthy except the unusual difficulty in moving and turning in bed; was urgent to be allowed medicine to operate upon the bowels; I gave a mild aloetic purge, which acted kindly, and she expressed a sense of relief.

Nov. 6th. I was sent for at 11 A. M., and was told that she had complained of abdominal pain and soreness, headache, and thirst, the evening previous, all of which had constantly increased; lochia suppressed during the night, also the lacteal secretion arrested; countenance anxious and haggard; eyes sunken and dark underneath; skin hot and dry; temperature under tongue 105° (twice taken); tongue moderately coated; lips very dry; intolerable and unquenchable thirst; pulse 120, small; totally unable to move; tenderness over the abdomen; suppression of urine since early morning. I ordered ol. terebinth, applied over the abdomen, and

R. Cincho-quinine	gr. xx
Ol. terebinth	℥x
Tr. opii, deodod.	℥ij
Mucilage	℥iiss
Acid, citric	q. s. ut. sol. ft.

Sig. To be taken, divided into three doses, at intervals of every twenty minutes.

Again sent for, at 3 P. M.; temperature, as before, 105° Fahr.; pulse 144; face pinched and more haggard; breathing shallow, but uncountable from the constant calls for water, and the utterance of groans; increased tenderness over abdomen; nausea, eructations, retchings; refused to take more medicine; said she

was dying, and the priest of the parish, being informed by me of her alarming condition, administered the offices of the church usual on such occasions. In the meantime I obtained my apparatus for using hot vaginal douches, after the method of Emmet. This consists of a tin reservoir, plano-convex in shape, to hang on a nail in the wall, to which is affixed a rubber tube six feet long, provided with a spring clamp to regulate or restrain the waterflow. In this was poured two gallons of water, at a temperature of 103° which was reduced to 100° as it issued from the perforated glass nozzle. The water contained four tablespoonfuls chlorid sod. and two teaspoonfuls acid, carbol. pur. A spittoon-shaped pan 4 inches high, under the hips, receives the water as it flows from the vagina. The cost of this arrangement is less than three dollars. I find that it answers better than any other, and I have used several. When the flow of water began the temperature and pulse were as stated above.

At the end of half an hour, during which time hot water was added twice, till she refused to endure it hotter, the pulse was 120; temperature (buccal) 102°. Thirst not quite so intolerable; could draw a longer breath, and the respiration is less hurried; says she feels much better in every way, but refuses to take any more medicine if it is likely to cause nausea. At eight o'clock, P. M., temperature 100½°, pulse 108; better in every way except that she has a cough which is becoming troublesome; expectoration scanty, tough, tenacious; throat sore, with a sense of constriction, accompanied with a desire to swallow frequently.

R. Ammon. mur.,	℥ss
Ammon. carbon,	℥j
Potass. chlor.,	℥jss
Fl. ext. cubeb.,	℥x
Syrup. prun. virgin.,	℥ij.

Sig. One teaspoonful every hour or two. To have one swallow of weak milk punch every hour.

November 7th, 8 A. M. Temperature 99½°; pulse 96. Better in every way. Milk making its appearance in the breasts. Continue the above mentioned mixture at longer intervals, and increase the quantity of milk punch used. Also gave

R. Cincho-quin.,	gr. ij
Ferri-pyrophos.,	gr. j
Acid. phos. dil.,	℥x
Fl. ext. nucis vom.,	℥j.

Sig. Every three hours.

8 P. M. Temperature 98½; pulse 84. Lochia reëstablished. Says she "feels a hundred times better than she did yesterday," only "it hurts her to laugh!" So ends what, at one time, seemed likely to be no laughing matter. I have the impression that the hot utero-vaginal douche acted "*Tuto, cito, et jucunde.*"

BOILS.

BY MADISON MARSH, M. D.,
Of Port Hudson, La.

In the whole catalogue of petty afflictions there is none gives the victim more intense pain and exquisite suffering, and for which he receives less sympathy, than this common pest and its allies and adjuncts, styes and all furunculose ailments and disorders, and for which there are remedies so simple, so easily obtained, that afford prompt, speedy, and permanent relief. Not only that, but afford a sure protection, for the time, against their return, and prophylactic against their speedy reappearance. There is a general popular opinion, or superstition, or delusion prevailing, that it is "healthy to have them;" or, in another way of putting it, it is a hypothetical truism, that it is *healthy* to be sick. However paradoxical and absurd such opinions, it is nevertheless true that many old chronic, incurable maladies, by virtue of, and interposition of, some malignant and fatal epidemic, are speedily cured, where the patient barely escapes by "the skin of his teeth" a fatal result. We often find such results in cures of dyspepsia, neuralgia, chronic catarrh and chronic rheumatism, and even restoring the aged to the perfection of youthful sight. But from boils, their correlatives, and analogous eruptions, no such result need be anticipated. They generally follow on, one after another, or crop after crop, consecutively, until the patient's strength gives way and the general health is greatly impaired. It is just here that we can profit by the great therapeutic value of sulphuric acid in such cases, that I now bring to the notice of the profession, in this form and at this time, as a special remedy, if not a specific, in all suppurative diseases, especially boils, and all furunculose tumors. And this I do upon the unvarying results of at least its use for a term of twenty-five years. As soon as a patient applies to me for relief, I put an adult on elixir vitriol, twenty drops three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth

well with fresh butter or chewing a piece of fat pork, for a sure protection to the teeth. This is much better than sucking through a quill, as there is in this way regurgitation enough to throw the acid forward on to the teeth. Using the butter or pork is a perfect protection, if the teeth are subsequently washed with a solution of bicarb. soda, a heaping teaspoonful to a glass of water. In the use of sulphuric acid in this way, the boil (or crop) then on hand will soon melt away, and there will be but one effort more to return before they will finally disappear, no more to reappear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To assist in their local treatment, to effect a speedy cure and afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumor to the extent of the areola, clipping the edges so that it will set smooth; or a little shoemaker's wax spread on a cloth will do just as well. I have made this application to saddle boils, and next day rode in the saddle very comfortably, the boil progressing to maturity with great rapidity, with very little pain, and sometimes effecting an abortion at once.

In this connection I have read in your *Periscope* a very interesting and scientific article on the sulphides of soda, potash, and calcium, as an antidote for all these ills of humanity. And now, right here let me suggest, perhaps the chemical play of affinities in *nature's* chemical laboratory may evolve the sulphides in the same way that chloral *amateurs* claim that hydrate chloral is metamorphosed in the blood to chloroform.

LOCKJAW SUCCESSFULLY TREATED.

BY DR. M. PERL,
Of Houston, Texas.

Elise Albrecht, æt. 5, was brought to my office September 13th, by her father. On examination, it proved to be a case of lock-jaw. I ordered him to take her home immediately and put her to bed, and I would call. The father told me that the child had been unable to take food and swallow for two days, and that he had consulted five physicians before he came to me, one of them, although his finger was badly bitten during examination, (evidently during a paroxysm) pronounced it to be some disease of the throat; the next two physicians, homœopaths, called it salivation. The

two others, Drs. B. and H., pronounced it lock-jaw, and expressed their regret at not being able to cure it.

When first I called, I found her just after a severe spasm; temperature 102; pulse for rapidity not possible to count; expression of the face horror struck and old looking; tongue, as far as could be seen, as the teeth could only be separated a quarter of an inch, dry and coated.

During examination she had another paroxysm of about five minutes' duration; head and heels nearly touched; I let her inhale some chloroform, which put her to sleep for a short time, and then examined her all over, and found on the sole of the left foot the mark of a small cut. On questioning her father closely, he stated that several nights before she was taken sick he heard her going into the yard during the night, and as she did not return for some time, he went out also, and found her asleep on the wet ground, it having rained hard the day previous. I consider the exposure to the dampness and night-air, after having cut her foot, the immediate cause of the disease.

I prescribed a solution of the extract of calabar beans and glycerine, ten grains to the half-ounce, dose three drops every two hours, alternately with three-grain doses of chloral, until sleep be produced.

I brought her once more under the influence of chloroform, and cut a paroxysm short at the beginning. Called same evening; found that spasms had diminished in violence and duration, but not in number, she having had twelve during the day; temperature the same; pulse 140; continued the medicine.

September 14th. Had several very severe spasms during the night, temperature and pulse unchanged; gave one-thirtieth of a grain of curare, hypodermically. Called the same evening; found the temperature reduced to 99.5; pulse 124; had only six paroxysms during the day; the mouth could be opened one-half of an inch; she drank a small cup of fresh milk and the yolk of an egg, and passed a large quantity of urine, which gave her great relief. Repeated the curare.

September 15th. She passed a comparatively good night, had only four paroxysms; temperature 98, pulse 120; ordered one dose of castor-oil and five drops of tincture of cannabis indica every three hours.

7 P. M. Only two paroxysms during the day;

temperature 97, pulse 112; after a copious evacuation, she had slept four hours without interruption.

September 16th. Only one paroxysm during the night. Medicine continued.

September 17th. Had slept the whole night, interrupted only by two light paroxysms; temperature 97, pulse 102; mouth open three-fourths of an inch; looks more cheerful and took more food. Medicine continued.

September 18th. No change.

September 19th. Considered out of danger, and gradually improving.

October 18th. She came to my office the very picture of health.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Prof. John Neill, M.D.

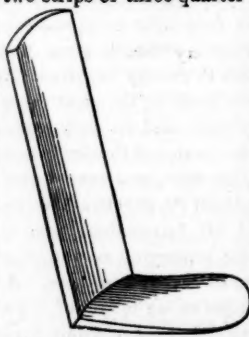
REPORTED BY DE F. WILLARD, M.D.

A Simple but Effective Talivert for Club-foot.

GENTLEMEN:—I bring before you a case of club-foot, not alone to illustrate one of the most common deformities which you will be called upon to treat, but more especially to show you a practical, efficient instrument for its relief.

The ordinary apparatus is expensive, and difficult to fit accurately upon a foot so small as the one I shall present to you, and although it is adjusted with numerous screws and pads, it is almost impossible to apply it satisfactorily to a very young child.

I am not the first to recommend simple wooden splints and foot-boards* for the treatment of club-foot, but merely state that this mode is ordinarily overlooked, both by writers and teachers. One of its chief values is that it can be constructed in a few moments by any one of you, and in many cases no other appliance will be required. All that is needed is two strips of three-quarter inch pine, poplar, or



other light board, well planed; one of the length of the child's leg from knee to heel; the other, one-quarter inch longer than the foot. The leg piece should be one and a half inches in width, and excavated longitudinally to receive the posterior convexity of the limb. This is easily done with a curved chisel or even

* On the Treatment of Club-foot, by H. Neill, M.D., *North American Medical and Surgical Journal*, April, 1828.

with a knife. The foot-board should be narrow at the heel, say one and a half inches, gradually expanding toward the anterior part until it is a little wider than the toes. The extremity can be rounded and all the corners and angles re-trenched. Three lath nails or small screws fastening the two pieces firmly together at right angles, completes the whole affair, and the time occupied in its manufacture has, as you see, been but a few moments.

You may think the boards too thick and clumsy, but this is requisite at the junction, in order to secure strength for the leverage, which I shall soon show you. At other portions, however, you may shave it down to a considerable extent, so that it will be very light.

Now for its application. The case is a congenital one, the child is four months old, and the deformity the variety designated as *varus*, or more properly *equino-varus*, since the heel is elevated while the foot is inverted. Were the foot everted, as in the cast which I here show you, we should call it *talipes valgus*. *Calcaneus* is the form in which the heel is depressed and the toes elevated.

Examine these casts, and see what painful deformities result from the omission of the operation and treatment I am about to exhibit to you.

In the present case, the muscles at fault are the *tibialis anticus*, and the *gastrocnemius* and *soleus*. The *tibialis posticus*, and the *plantar* muscles do not seem involved to any considerable extent. The *peronei* are, of course, relaxed, and the spasmodic contraction of the muscles above named would probably continue indefinitely, unless relieved by operation. Not only would it continue, however, but the deformity would increase with each advancing year, until not only the internal lateral or deltoid ligament became contracted, and the external one elongated, but even the bones would ultimately be so deformed and twisted as to cause the scaphoid to atrophy, and leave the *astragalus*, while the external malleolus would be thrown backward toward the posterior portion of the *os calcis*, to such extent as perhaps to revolve the bones of the leg upon their longitudinal axis, more than the quarter of a circle. This is frequently seen in cases which have been permitted to go on until constantly exerted muscular force has exercised its baneful influence in distorting even such hard structures as bones.

If you ask me as to the cause of this deformity, I can only say that it is evidently due to some intra-uterine irritation of the ganglionic cells of the *medulla spinalis*, thereby producing a tonic contraction of these particular muscles; following a law which you will see exemplified every day in the treatment of fractures, etc., *i. e.*, a permanent approximation of the origin and insertion of a muscle, with proportionate separation of these points in antagonistic muscles, will produce a contracted, shortened condition of the first set, with a weakened, elongated state of the second. After removing the splints from a knee long flexed you will find the stiffening not

alone confined to the articulation, but very largely attributable to muscular contraction.

Why this particular set of muscles is so often affected as to make club-foot the most frequent of malformations, cannot be anatomically explained. It can only at present be attributed to a preternatural susceptibility to morbid muscular activity, which activity is sometimes so great as to cause a second retraction, even after division of their tendons. That the action is largely "spasmodic," however, seems to be proved by the fact that the reduction of the deformity is much more easy while the infant is sleeping, as also by its relaxation under the steady pull of an apparatus.

When I take this foot in my hand, you will see that I can bring it almost into a straight position without the exercise of any considerable force, and much can be done during the first few weeks of an infant's life by an intelligent nurse, if manipulation and stretching are diligently applied.

Should the muscles seem greatly contracted, however, no time should be lost in vain attempts to restore the foot, but more positive means must be at once instituted, the amount of which will depend upon the degree of deformity. In very slight cases it will be sufficient to use the *talivert* which I have shown you, but if the plane of the sole of the foot is upon a line with the leg, *tenotomy* becomes necessary. In those cases where division of the tendon is not demanded, an apparatus must be worn a long time, until all tendency to deformity has disappeared. The instrument ordinarily in use is the *Scarpa shoe*, or some of its modifications, and where it is requisite that an apparatus should be long applied, it must be procured. The *talivert* is only intended as a simple dressing, and would not, of course, answer for walking purposes. It is not often difficult to determine when severance of the tendons is necessary, and in all doubtful cases a few weeks' trial of a splint will decide the question.

But look at the case before us. I can force the foot into position, but as soon as I remove the pressure it flies back to its abnormal place. I straighten it again, and you see that the *tendo Achilles* rides out firmly. The *tibials*, though not visible, are palpable, but I think will scarcely require division. We can judge better after the other is released.

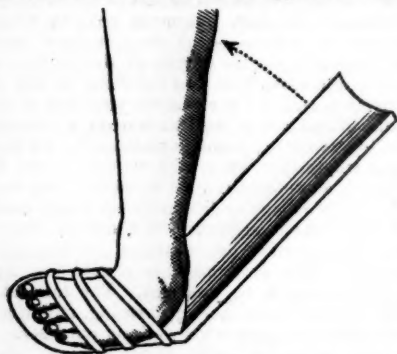
You will remember that this case was before you three weeks since, upon which occasion I removed a distorted supernumerary toe from each foot; to-day we propose to complete the restitution of the left foot to its normal condition.

The child being etherized, I flex the tarsus and bring the *tendo Achilles* into strong relief. Then with a sharp-pointed *tenotome*, I pierce the integument upon the inside of the tendon, about three-fourths of an inch above its insertion into the *calcaneum*, keeping in view the course of the posterior tibial artery. Passing the knife beneath it, I turn the sharp edge against the tendon, and making slight

pressure it snaps almost audibly, and the heel is easily brought into position. A dossil of lint, and a warm adhesive strip, will effectually close the minute opening which I have made, and prevent the entrance of air.

If the posterior tibial artery is normal in its distribution, it should never be wounded, but such an accident might possibly occur, under which circumstances its retraction would be favored by complete division, after which hemorrhage could be controlled by a firm compress. Should aneurism follow, ligation of the artery would become necessary.

I now forcibly stretch and mould this foot into position with my hands, and am ready to apply our talivert. I place the foot upon the well-padded foot-board, allowing it to fall into its old deformed position. With a narrow adhesive strip I now encircle the foot and splint at the ankle, and draw the heel firmly and accurately down upon the sole, and with two or three more strips I fix the foot and toes. Now you see that it cannot move, but the leg-piece of the apparatus stands



off upon the outside of the limb, almost at a right angle. I simply bring it into position behind the leg, and by its principle of leverage, at once you see that the foot is straight. Two or more strips fasten it to the leg, and all is done. Could you wish anything more simple or perfect? It can be worn for weeks, the dressings being renewed as often as they become loose.

The use of adhesive plaster in connection with this splint introduces a new and effective agent in the treatment of club-foot which I believe will in some measure substitute the expensive and badly-fitting machines which so often prove ineffectual.

For long continued wear, an apparatus is, of course, preferable; but when a shoe is procured, it should always have a leverage appliance by which the heel may be depressed, and another for the gradual abduction of the foot. With every apparatus you must guard against long-continued pressure, since sloughs are not uncommon. Nothing is more frequent among young orthopedic surgeons than the desire to accomplish all in a short space of time, but such a course will only cause delay. A little pressure constantly exerted, will accomplish

the result sooner and better, and you will be surprised to see how great will be the influence of only a few ounces of judiciously applied force.

To avoid undue pressure any apparatus should be frequently removed, the foot well rubbed with alum and whisky, or other stimulating liquid, and readjustment effected.

The length of time required for cure will depend upon the amount of the deformity and its duration, but it is seldom advisable to cast an apparatus aside until a child has been walking for several months. As for the time at which the operation can be performed, I believe that the second day should not pass in congenital cases, before a splint is applied, and in those bad cases where there is no hope of recovery save in tenotomy, it may be advantageously practiced in the second month. In cases of medium severity, daily stretchings, with the use of an apparatus, will cure.

You have probably said to yourselves that I have separated the ends of the divided tendon, and that the gap will not fill up with new structure, but such an unhappy result is of very rare occurrence. I have never experienced any difficulty in securing complete union. The amount of new material will always be in excess for a few months, but in time cannot be detected from the original structure.

Amputation of Finger.—New Phalangeal Knife.

The next case is a man whose little finger was badly crushed by the cars about one week since. An attempt was very properly made to save the member, but as you see, proved unsuccessful. The extremity is now sloughing, and must be removed; still, no harm has been done by waiting, and conservatism is so preeminently valuable in the treatment of injuries of the hand, that I would always advise its trial, when no contra-indications exist. A warm water dressing, or a flaxseed meal poultice, has often saved most useful portions of the hand, even when they seemed past hope.

In amputations of any portion of the hand, the rule is imperative, to save everything possible. In the present instance the second and third phalanges must be sacrificed. Now you have frequently seen the slow and awkward movements of surgeons in removing fingers, due to the irregularity of the surfaces comprising the joints and the strength of the ligaments. In order to avoid this I have had made a slender knife which has no shank, the sharp edge of the blade arising directly from the handle, which is itself quite robust. This instrument is not intended to be held in any of the ordinary positions of a scalpel, but is grasped in the hand like a common pocket-knife, thus securing its perfect control. Twenty years ago, at the



Pennsylvania Hospital, I had a similar knife

made for my operations. Its method of use I will now show you. I raise the wounded finger, and endeavor to find the exact point of the articulation. This is somewhat difficult, as the swelling and induration is great, but by comparison of the length of the phalanges in the other hand, I can judge quite accurately. I grasp the end of the finger while an assistant steadies the hand, and cut directly inward and backward from the dorsal aspect, until I strike the joint, enter it at once from behind, feel my way through it, and bring out the knife, cutting forward sufficiently far upon the palmar aspect

to secure another good flap. You saw that the knife went through easily, and yet there is a knack about both finding a joint and in passing through it. You also notice that the cut was made precisely as one would cut out a piece from an apple—"scooped" out; I find it the easiest of all methods. The stout handle, and the manner in which it is grasped, make the knife easy to manage. The flaps are abundant, and no ligatures will be required.

(Silver sutures were inserted, and adhesive strips, with a water dressing, applied. The wound healed kindly in a week. Dr F. W.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Obesity and Leanness by Mineral Waters.

M. Gubler, quoted in the *London Medical Record*, says:—

Mineral waters have chiefly been used in the first of these conditions. The second of them has been less treated with them, no doubt because it was considered only a symptom of a morbid condition, which disappeared when that condition was removed; but the absence as well as the excess of adipose tissue constitutes sometimes an independent morbid condition, requiring special treatment.

The sedative action of a mild and humid atmosphere is favorable to the return of *embonpoint*. On this account, I recommend the climate of Pau and of the basin of the Adour. Prolonged tepid baths in indifferent waters, such as those of Neris, Bagnères de Bigorre, Ussat, Aix-en-Provence, are likely to produce good effects. One may equally use the eupeptic, blood-making or nourishing waters of primitive and volcanic lands; and perhaps the copper and mineral waters, for their metamorphic powers. Who knows that the copper waters of Bagnères de Bigorre, of Balaruc, and of Saint-Christau, may not some day be the great restorers of rounded outlines to the spare forms of the fair sex?

For a long time foreign baths have had a monopoly of the treatment of fat and overgrown people. The cure by emaciation is tried at Driburg, at Ems, and Kissingen, and especially at Marienbad.

The alternative and purgative action of such waters is assisted by spare diet and violent exercise and sweating. Nothing should be easier than to produce similar effects in France, with some of the purgative waters, for instance, at Brides, at Neris, at Santenay, at Montmirail, or at Mont Dore, at Chatel Guyon, Saint-Maurice, and Saint-Nectaire. Many of these places are situ-

ated in an agreeable and picturesque country, and have sufficient establishments.

[M. Gubler is not entirely *au fait*, when he talks of German waters. Surely the iron waters of Driburg are not attenuating. What he says about copper and arsenical waters is purely conjectural. Neris and Mont Dore have excellent establishments; Aix-en-Provence, Chatel Guyon, and Saint-Nectaire, middling ones.—*Trans.*]

Treatment of Orchitis by Absolute Rest.

Dr. Ponzonei furnishes an account (*Gazzetta Medicina Italiana*, October 24) of the great success which, at the hospital at Lodi, has attended the treatment of orchitis, whether traumatic, idiopathic, or secondary to blenorragia, by absolute repose. Dr. Fiorani, the senior surgeon of the hospital, introduced the treatment some years since, under the belief that the cases which were said to recover under the use of collodion, nitrate of silver, etc., really did so in consequence of the immobility which accompanied these different modes of treatment. In 1872 he published twenty-two cases in which a cure was effected by this means alone. Since that time the practice has been continued, and Dr. Ponzonei now publishes twenty-eight additional cases, of which number sixteen were examples of blenorragic orchitis, five were idiopathic, and seven traumatic. To these are also to be added two cases of idiopathic epididymitis, and two cases of spermatitis, one blenorragic, and the other traumatic; making thirty-two in all. In two of the cases of blenorragic orchitis, repose was accompanied by the application of collodion in order to secure a greater quietude to the organ in consequence of the indolence of the patients, caused in one case by a cough, and in the other by abdominal pain. In two others the pain had been dissipated by rest, and the size of the testicle had become reduced, but, as the resolution seemed to be delayed, it was hastened by the

application of ointments. In all the others simple repose sufficed, the medium time required for the cure being much less than that required by other modes of treatment. The rest has, however, been absolute, the patient not even getting out of bed to pass his evacuations, but remaining in the supine position, having the testis supported by a small cushion placed between the scarcely separated thighs. Under this procedure the patient feels some amelioration even by the next day, the pain and any febrile action that may accompany it soon subsiding, and the organ gradually recovering its normal size.

Action of Quinine upon the Nervous System.

Herr Heubach, says the *Lancet*, from experiments made in Prof. Binz' Pharmacological Institution at Bonn, in which the slightly alkaline amorphous muriate of quinine was injected in doses of about a twenty-fifth to one-fifth of a grain, arrived at the following conclusions:—1. With small doses the reflex excitability of the nervous system is not lowered, but exalted. The animals (frogs) exhibited distinct phenomena of intoxication, but lived, and completely recovered from its influence in twenty-four hours. 2. With large doses the reflex excitability is in the first instance exalted, but subsequently diminished, the depression, however, being due to paralysis of the heart. Kölliker long ago called attention to the fact that paralysis of the heart abolishes reflex excitability, and Heubach has himself demonstrated the fact that, after the application of a ligature to the aorta, reflex excitability rapidly disappears. Hitzig has also shown, in his just published essay on the Brain, that a due supply of blood is absolutely requisite for the conservation of the excitability of the central organs. 3. Very large doses not only affect the respiration and the activity of the heart, but quickly abolish all indications of vital activity, and consequently also of reflex excitability. The cause of death when large doses of quinine have been given is not, as generally supposed, direct poisoning of the heart, but primarily paralysis of the respiratory acts, and the heart is subsequently affected.

Hydatid of the Liver Treated Successfully by Aspiration.

Numerous cases of the success of this treatment are reported in foreign journals. We quote this one from the *British Medical Journal* reported by J. D. Heaton, M. D., F. R. C. P., Senior Physician to the Infirmary, Leeds:—

Charlotte Collis, aged 20, single, is a native of Cambridgeshire, where she lived with her parents till fifteen years old; she then went into domestic service in London. Six months ago she gave birth to a child, which is living, and has been suckled by her up to the present time. She came to Leeds with her parents about three months since. She is of small stature, slender,

of a very dark sallow complexion, shrunk and wasted appearance. Her parents are in good health; two uncles are said to have died of cancerous disease.

The patient had good health till three years ago, when she noticed a small hard prominence on the surface in the right hypochondrium, where she felt sharp darting pains. She had occasional vomiting, the matter vomited being sometimes streaked with blood. She had medical advice, and was treated with iodine applied locally; she was told she had strained herself and would soon be all right. The tumor remained stationary till about three months since. She continued her work as a servant, but her health partly failed; she became weak and thin, and did no work after her confinement. About three months ago, the tumor began to enlarge markedly, and her health became worse. She again had medical treatment, but without benefit.

She now complained of constant headache, and felt weak and generally ill. She had shooting and dragging pains in the right hypochondrium, so severe as to keep her awake at night. A well defined rounded prominence was apparent on the surface of the right hypochondrium, becoming more prominent when she lay on the left side, and then forming a projection of the size of an orange. It was distinctly situated in the liver, rising and descending with the movements of the diaphragm. It was uniformly convex, hard and resisting, without any fluctuation, though somewhat elastic when firmly pressed. Pressure gave pain. No other tumor or irregularity of surface could be felt on the liver.

The liver being distinctly recognized as the seat of the tumor, the diagnosis of its special nature seemed to lie between cancer and hydatid. From the family history, she might be supposed to be predisposed to cancer; but a single tumor of so large a size is not the condition in which cancerous disease usually shows itself in the liver. Cancer would not be likely to remain quiescent for two and a half years; it would probably occasion more pain, and there would be more complete failure of health. The youth of the patient was also unfavorable to the probability of her being the subject of cancer. Excluding the supposition of cancer, we had to adopt the alternative diagnosis of a hydatid tumor. Its marked hardness and want of fluctuation might seem opposed to this view; but we recognized a degree of elasticity which was encouraging, and we determined to seek for confirmatory diagnosis as well as curative treatment by the use of the aspirator.

The canula was inserted at the apex of the tumor, and, after passing through some thickness of resisting structure, it seemed to enter a cavity, or some more yielding medium. The aspirator at once drew a copious stream of transparent, almost colorless, fluid. About ten ounces of fluid were withdrawn, which became sanguinolent toward the close, when no further exhaustion was attempted. A pledget of cotton-wool soaked with carbolized oil was strapped over

the puncture, and a flannel bandage applied round the body.

No had consequences followed. The prominence on the surface disappeared, but some remains of the tumor might be felt by manipulation, when the bandage was removed after some days. The pain and uneasiness were much relieved. The headache also left her. She remained in the house about a fortnight after the operation, during which time her appetite and digestion were good. She gained in strength and weight, and acquired a more cheerful countenance.

Relations between Congestion and Flexion of the Uterus.

The readers of the REPORTER who are acquainted with Dr. Chapman's views on this subject will be interested in a paper by Dr. John Williams, before the London Obstetrical Society. He said:—

Different and even opposing views are held upon this subject. 1. It is held on the one hand that congestion is the primary morbid condition of the uterus, and that flexion follows as its consequence. 2. On the other hand, it is maintained that flexion is the primary morbid state, and that congestion is brought about by it. A third view may be adopted, viz., that the two conditions bear no relation of cause and effect to one another, though they frequently co-exist in the same organ. After discussing at some length, in a very able and exhaustive paper, the various opinions, the author thus summarizes his conclusions:—There is no evidence to show that a physiologically increased flow of blood through the uterus occurring periodically, or that erections of the uterus, favor or cause chronic congestion of the organ. Exposure to cold during a menstrual period is not a common cause of congestion of the uterus. Simple congestion is a rare affection of the virgin uterus. Flexion, or flexion accompanied by congestion, is not an uncommon affection of the organ in its virgin state. The effects of congestion on the uterus are, at first, slight enlargement through distention of its vessels, then slight softening from exudation into its tissue, and lastly enlargement of the organ and induration of its tissue. The increase in weight of the body of the virgin uterus arising directly from congestion is probably equal to about the weight of two drachms of blood. The effects of congestion on the uterus are such, that it is not possible for such a small force as the weight of two drachms of blood to produce flexion of the organ. The condition of the uterus from the time of impregnation to the fourth month of gestation militates strongly against the view that congestion is a cause of flexion. The effects of flexion on the uterus are occlusion of its canal, leading to dilatation of its cavity and congestion and thickening of its walls, just as obstruction to the exit of material from all hollow muscular organs causes dilatation and hypertrophy of those organs.

The increased flow of blood through the flexed uterus just before menstruation does not diminish but increase the flexion. Simple flexion of the uterus gives rise to congestion and hypertrophy of the cervix by compressing the venous plexus around the insertion of the vagina into the uterus. In retroflexion the body of the uterus and the veins of the broad ligament may be grasped by the sacro-uterine ligaments, and thus become greatly congested.

Dr. Tilt thought the author had well explained the mechanism of uterine congestion by flexion of the womb, but he maintained that something more than flexion, some diseased condition of the uterine tissues, was required to account for uterine congestion and its frequent consequences, otherwise it would not so frequently occur that the cure of the uterine disease permitted patients to take an active part in all social duties, although the womb remained considerably retroflected. Dr. Tilt still believed with Roget, that normal menstruation congested the womb, and he stated that many cases had been recorded in which the whole structure of a menstruating uterus had been found gorged with blood, as in Dr. Hayes' case. Dr. Tilt argued that in many cases of uterine disease menstrual molimen was seldom absent, and that there ensues a considerable amount of permanent softening of the body of the womb, while the cervix retains its usual firm consistency. Under such circumstances, it is easy to understand that some internal pressure should bend the overweighted body of the womb on its neck; and he argued that the frequent disappearance of marked uterine flexion after the cure of uterine congestion and ulceration, by leeches, cooling injections, and caustic treatment, showed these morbid conditions to have been the real cause of the flexion. Dr. Tilt considered that nothing could be more dangerous to sound practice than to attach too much importance to flexion of the uterus as a factor of disease; that to accept it as the common cause of uterine congestion was actually to make it the keystone of uterine pathology; and that the inevitable result would be the general resort to pessaries in the earliest stages of uterine affections, and to their almost necessary aggravation thereby; and he concluded by strongly urging that, whatever else amiss about the womb besides its state of flexion should be cured by preliminary treatment, before resorting to mechanical measures.

Signs of Pleuritic Effusion.

Dr. Day writes to the *Lancet*:—

In your impression of October 17th is an interesting communication "On Fluctuation as a sign of Pleuritic Effusion." Dr. Ward, of New York, who calls attention to the subject, has made no new discovery, and Mr. Deeping is correct in saying that it is "no novel indication." Trousseau, in his work on Clinical Medicine (New Sydenham Society, vol. iii., 1870), speaks of "intercostal fluctuation," and

gives an account of the way in which he employed a pleximeter and a hammer. He was in the habit of placing his finger over an intercostal space, and at each stroke of the hammer, between the different intercostal spaces, he detected fluctuation. Sir Thos. Watson, in his edition of the *Principles and Practice of Physic*, 1858, says, in speaking of the signs of pleuritic effusion, that "occasionally fluctuation may be perceived in the intercostal spaces through the muscles." Dr. Walshe also alludes to "a sensation of fluctuation" being transmitted to the finger, when an intercostal space is percussed, in cases of pleuritic effusion. There are surely very few medical men who are not aware of this method, which is of especial value, when the chest contains a limited amount of fluid. Fluctuation of the chest is allied to succussion of the chest, and when present it is a useful sign to aid our diagnosis. Some cases are easily made out, and the extent and limit of the effusion are well defined. This especially applies to children, whose thoracic parietes are thin and yielding. There are other cases of partial effusion which have occurred insidiously, and crippled a portion of the lung. The pressure has been so gradual that neither cough nor dyspnoea is present. Such patients may go about for a long time without the least idea that they have anything wrong with their chests.

The symptoms on which I think we may most rely are—

1. Dullness on percussion.
2. Impaired movement of the chest.
3. Absence of respiration.
4. Displacement of organs.

In some cases of effusion dullness and absence of respiration are the only symptoms. If there is thoracic deformity and obliteration of the intercostal spaces, all doubt will be cleared up; but it is very unusual to get all these symptoms in the same case. No large effusion of any duration can occur without protrusion of the intercostal spaces and a wider separation of the ribs. Here the surface has frequently a smooth appearance, and the dimensions of the affected side are increased. Mistakes in diagnosis will, however, occur in exceptional cases. The physical signs of effusion may be almost conclusive, and yet after death not a drop of fluid is found. A large hydatid or other tumor of the liver may have forced up the diaphragm, and encroached on a considerable portion of the chest. The signs of effusion are present: perfect dullness, absence of the respiratory murmur in the lowest part of the chest, bronchial respiration and bronchophony in the superior portion. Another well-known method of diagnosis in determining the presence of fluid in the chest deserves notice. Where the diagnosis is obscure, I am in the habit of examining the chest in all available positions of the body. If the lung is solidified from old-standing congestion or inflammation, dullness is apparent in any posture, whether sitting, standing or recumbent; but if the dullness arises from an effusion of serous fluid, the sound will disappear as the fluid

gravitates to the lowest part of the thorax. This method is of great service where the effusion is recent and limited, and the lung retains its spongy character. There are cases of passive effusion, not preceded by pleurisy or any inflammatory action. If the patient is erect, the percussion note may be dull in the lower part of the lung, and in the corresponding axillary region from the sternum in front to the spine behind; but if the patient lies on the sound side, the note becomes resonant, and the respiratory murmur returns; if on the back, the anterior wall is clear, the posterior is dull. This is a very useful method of examination in ovarian disease, where the chest is implicated. The fluid varies in quantity according to the duration of the disease and the constitution of the patient. There may be dullness in the lower half or third of one lung, with an absence of respiration over the same area, when the patient assumes the erect posture, and yet there is no cough nor shortness of breath. Attention would not be directed to the thorax if it were not the custom of my colleague, Mr. Spencer Wells, to have it invariably examined before performing ovariectomy.

The Action of Phosphorus as a Stimulant.

Dr. John Brunton, M.A., M.D., fellow and councillor of the Medical Society of London, etc., says, in the *Lancet*:—

Nearly if not all the writers upon the therapeutic action of phosphorus are agreed in this, that in certain conditions of extreme physical depression or exhaustion, the action of this drug, in full doses, is of exceeding value. Patients who to all appearance are sinking rapidly, are stimulated and tided over their difficulty. In those eruptive fevers which have a definite term, and towards the close of whose course, just before the turn, the exhaustive depression is very great, phosphorus in stimulating doses acts like a charm.

The difficulties that heretofore have been met with in the administration of this drug, as regards stability, solution, absorption, and taste, and the consequent uncertainty accruing thereto, have thrown it into desuetude; but now that convenient and certain formulæ exist, a fair opportunity has arisen for testing the marvelous powers of this agent. On this account I take an early opportunity of testifying to its powers.

Five weeks ago, Mrs. M., aged forty-seven, was in the twelfth day of typhus fever. Her depression was very great. She lay in bed, cold, nearly pulseless, semi-unconscious and with difficulty aroused, quite unable to move in bed; in short, she appeared moribund. One-twelfth of a grain of phosphorus was administered every two hours, with marvelous effect. The revivifying power was very marked, by return of heat, pulse, consciousness, and general power. Next day she had the turn, and has recovered admirably.

J. C., aged forty, a railway goods guard, from Peterborough, came to me on the 12th August, suffering from diarrhoea, which at that time and

season was very prevalent. In a day or two he had the appearance of having something more than mere diarrhoea. He became too ill to get out, and took to his bed. On examination I found the characteristic rose-colored spots of typhoid fever, and he had all the other symptoms present. His fever continued gradually to increase till the 29th August, when he said to me, "I am going to die;" and he looked like it. His conjunctivæ were injected, his breath cold, his skin cold and clammy; pulse 48, very weak and compressible; voice whispering; temperature 96.4°. He was in a condition of extreme depression. I at once administered phosphorus, in doses of one-twelfth of a grain, every two hours, and I was surprised to find on my next visit, eighteen hours after, when he had taken three-quarters of a grain of the drug, that he had quite revived. His skin was comfortably warm, eyes not so suffused, voice more natural; pulse 72; temperature 99°. I immediately stopped the phosphorus and gave nitric acid. Since that he has gone on prosperously, and is now convalescent.

Of course many more cases are needed to form a good induction, but I record these two for the purpose of inducing others to try the remedy. Heroic doses need careful watching, and I am sure the formula appended is most stable and active, and it is not unpalatable. I do not think I should care to go beyond one, or at most two grains of the drug, divided over two days. The second case is a good illustration that the drug is to be suspended when the desired effect is produced.

R. Eth. tinct. phosp. (gr. $\frac{1}{2}$ to $\frac{3}{4}$), ʒiij
 Spt. vin. rect., ʒss
 Glycerin. anhydr., ʒiss
 Sig. One teaspoonful as a dose.

Treatment of Dog-Bites.

In the *Medical Times and Gazette*, of London, Dr. Haddon says:—

If measures are not adopted to stamp out rabies in the dog, then we must endeavor to find a means of treating the bite in such a way as to render it, if possible, harmless. When we consider this subject, difficulties assail us which seem well nigh insurmountable, and make us doubtful of ever attaining the desired end. When we reflect on the rapidity with which substances are absorbed, and travel the whole round of the circulation, we are inclined to question the efficacy of any treatment after the bite is made. It is, however, possible that the peculiar poison of rabies may have a slow rate of absorption, and so give us some chance of removing it from the wound, or rendering it by some means innocuous. Hippocrates of old, in his wisdom, which we all admire, said that the physician must "have two special objects in view with regard to diseases, namely, to do good or to do no harm." That is a maxim the ventilation of which might be of eminent service, even in this enlightened age, in general practice, and it is particularly appropriate when we

come to consider what must be done with the bite of a mad dog.

Tetanus is a disease which, in its symptoms, has a peculiar resemblance to hydrophobia. Spasms occur in each on the slightest irritation of any of the organs of sense; both are peculiarly diseases of the nervous system; and in neither, on post-mortem examination, is there anything very definite to account for death. Tetanus we know to be caused by a wound, more especially by a wound which does not heal quickly. Hydrophobia is not supposed to be caused by the wound, but by the saliva, in which some virus exists. Nevertheless, it would seem right that we should not follow any treatment which can retard the healing process.

The principal indications, then, for the treatment of a bite are:—

1. As soon as possible to remove the virus from the wound or render it innocuous.
2. To get the part healed as speedily as possible.

With regard to the first indication, so soon as the bite is inflicted it is not likely that a surgeon can be at hand, and so it would be well for the patient to suck the parts vigorously, if they are within reach. That will encourage bleeding, and tend to remove any saliva that may be in the parts. A ligature between the wound and the heart might also be applied to encourage bleeding. When the surgeon is consulted I would advise, when the dog is known to be rabid, excision of the bitten parts where practicable; afterwards, and where excision cannot be performed, I would wash out or syringe the parts freely with a saturated solution of carbolic acid in very hot water, and get the wound healed as soon as possible.

By that means I think we may hope to remove by excision or destroy by the carbolic acid any virus in the wound, and at the same time expedite the healing process. By such a method of treatment we can do no harm, and from the well known properties of carbolic acid, we may hope that it will do some good.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Therapeutics and Materia Medica. A systematic Treatise on the Actions and Uses of Medicinal Agents, including their Description and History. By Alfred Stillé, M. D., etc. Fourth edition, thoroughly revised and enlarged. In two volumes, pp. 968, 976. Philadelphia, H. C. Lea. 1874.

This standard work, a monument of patience, erudition and sagacity, comes to us with material additions (some two hundred and fifty pages in all), conscientiously revised, and with all the new additions to the materia medica

which have any deserved place in professional favor.

It is needless to state the plan and contents of a work so well known; suffice it to say that the general plan and classification of medicines adopted in the earlier editions are still retained; and it gives us unfeigned pleasure to quote from the preface to this fourth edition the strong, but none too strong, condemnation of the chemiatrics and *a priori* physiological therapeutists, who arrogate to themselves the only science of treatment:

"In the first edition of this work, he (the author) contended against the mischievous error of seeking to deduce the therapeutical uses of medicines from their physiological action. Continued study, observation and reflection have tended to strengthen his convictions upon this subject, and to confirm him in the faith that clinical experience is the only true and safe test of the virtues of medicine."

These are golden words, and they cannot be too deeply impressed on the minds of medical practitioners. Let them beware of those writers who seek other fields of study than the sick room, when treatment is concerned. Dreamers and blind leaders, they drag their disciples with them into the ditch of nihilism. The faithful study of such a book as this of Dr. Stillé's is the corrective for such vagaries. It deserves all the time which the physician can spend upon it.

A Guide to the Practical Examination of Urine.

For the Use of Physicians and Students. By James Tyson, M. D., etc. With a plate and numerous illustrations. Philadelphia: Lindsay & Blakiston, 1874. 1 vol., 12mo, cloth. pp. 182. Price \$1.50.

This work bears the marks of careful preparation, and is evidently the result of a long practical familiarity with the best methods in urinalysis. For sugar the author prefers Trommer's test, but rather from his familiarity with it than from any intrinsic superiority it possesses. For albumen, he mentions first the heat test. In reference to its conduct, he makes, to our mind, two recommendations of doubtful worth. They are to acidulate with acetic acid, and to do this before boiling. Nitric acid is better because some forms of albumen are very soluble in dilute acetic acid; and it is desirable to add it after the heating, to dissolve any phosphates precipitated by the heat. Sufficient credit is

not given to the carbolic acid test, which is both handy and accurate. The book would have been improved by a table of contents. There is, however, a good index, and the general style of the work will be found very satisfactory.

Outlines of the Science and Practice of Medicine. By William Aitken, M. D., F. R. S. Philadelphia: J. B. Lippincott & Co., 1874. 1 vol., cloth, 8vo. pp. 593.

This is a very excellent abridgement, by the author himself, of "Aitken's Practice," which, although a large, two volume octavo, has gone through six editions in England and several in this country. The smaller edition is in clear, small type, compact and convenient enough, as the author suggests, to carry about in a hospital ward. It is intended especially for students, and devotes particular attention to the symptoms and treatment of disease, the best methods of examining and recording a case, how to question patients, and the plans of clinical investigation generally which experience has shown to be the most satisfactory.

While intended chiefly for students, there is a great deal in it which it would profit most practitioners to read, and we can assure them that it is widely different from the superficial compends put into the hands of American students.

The Medical Use of Alcohol: and Stimulants for Women. By James Edmunds, M. D., etc. New York: National Temperance Society, 1874. 1 vol., 12mo, cloth.* pp. 96. Price 60 cents.

Two addresses make up this little volume, the titles of which are given above. The author is a firm advocate of total abstinence, and gives many reasons why he holds to that faith.

Naturally, all such defenders of exclusive views overlook many facts obvious to those who swear by no master; it is also natural that, as they are altogether engaged in the *confirmatio veri*, they somewhat disregard *veritas* itself. What sort of a statement is it, that the physicians of the last generation "killed nine patients for every one that they cured"? (p. 29). To our thinking, it is a reckless and a false statement.

The most serious objection to the Temperance cause is, that it encourages one-sided, partisan, and hence untrue assertions. More truth-telling really would not hurt it any, though it is hard to persuade a temperance lecturer of that fact.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 12, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief as possible* to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

NOTICE. 1875.

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D. G. BRINTON, M.D.,

115 South Seventh Street,

PHILADELPHIA, PA.

THE CORTICAL BRAIN SUBSTANCE.

The highest, and the most obscure problem in physiology, is the relation of molecular motion to psychic action. It would seem that at a certain point of progress the clue slips from the fingers of the investigator, and he becomes completely bewildered. Yet there is a potent attraction about this study, readily understood, and this last year some positive advances have been made which deserve close attention.

Starting from the general truth which lies at the basis of comparative anatomy, that the skull is a development of the vertebra, and that the activity of the brain is governed by the same laws and the same conditions of the organic mechanism which preside over the activity of the different segments of the spinal axis and medulla oblongata, Dr. LUYRS, of Paris, points out that every spinal as well as cerebral reflex process is composed of three successive periods intimately connected with each other; a period of incidence, an intermediate period, and a period of reflexion. The first is always an impression irradiated from a sensory plexus, a centripetal impression, conscious or unconscious, and marks the *début* of the whole phenomenon, and it is always an attendant or satellite motor reaction that completes it. In the brain, as in the spinal cord, there is a system of zones or cells disposed for the reception of centripetal impressions, and a system of zones disposed for the emission of motor excitations.

Physiological research shows that it is in the networks of the cortical substance of the brain that sensory impressions of all kinds reach their ultimate stage, taking from this point a new form, and becoming transformed into psychical incitations, which again lead to movement. The networks of the cortical substance therefore represent a vast common reserve for all impressions belonging either to animal or to vegetable life; and in a physiological point of view a synthesis of all the partial sensibilities of the organ, *i. e.* the *sensorium commune*. On the other hand, the experiments of Flourens and Ferrier

have shown that there exists in the cortical substance of the brain a series of isolated and independent motor centres governing certain groups of muscles. A cerebral reflex process differs from a spinal one, in its being amplified and transformed by the proper action of the exclusively cerebral nervous element interposed in its course. Speech, for example, Dr. Luys explains, essentially results from the synergic action of the psycho-intellectual and of an automatic sphere of nervous activity, the former comprehending the affection of the sensorium and subsequently of the conscious individual, the latter embracing the integrated and co-ordinated translation of the sensorial excitation. Anatomically, this last commences in the deep zones or cells of the cortex of the brain, and is conducted through the whole cortical striated fibres, then through the gray substance of the corpus striatum and of the pons, and terminates in the nuclei of origin of the hypoglossal and spinal nerves, which convey the impulses to the muscles affecting phonation.

The cells of the deep layers of the cerebral cortex, of which it is here question, are therefore the real seats of psychic action, and become of the utmost consequence in the study of its origin. They have recently been accurately examined by Prof. Betz. He finds in the convolutions anterior to the sulcus centralis numerous nerve cells which he considers to be the largest in the whole body, and to which he gives the name of "giant pyramidal cells." They are chiefly situated in the fourth layer of the cortex; are from 0.05 mm. to 0.06 mm. broad and 0.04 mm. to 0.12 mm. long. They all have two chief and from seven to fifteen secondary processes, and the latter further divide into still smaller ones. One of the principal processes is thick at its origin, and then divides and subdivides, and sends out lateral branches in its course to the periphery of the cortex; the other process is slender, and starts from the nucleus of the cell, passing directly into the axis cylinder, which soon becomes thicker and

provided with a sheath, and so continues its course as an undoubted nerve-trunk.

These cells do not form a continuous layer, but are aggregated into groups or nests of two or more cells, which lie from 0.03 mm. to 0.07 mm. apart. They are less numerous in the lower half of the anterior central convolution, and are more frequently met with and more closely packed at its upper end and on the inner surface of the hemisphere. These nests occur in quite young people, though in them they are smaller and have fewer processes than in adults. In the brains of very old people the nuclei of the cells become filled with yellow granules, which do not stain with carmine. In the right hemisphere the cells are more numerous and apparently larger than in the left. They are to be found in the same locality in every human brain; in idiots, in the chimpanzee, and in several of the lower apes. Strictly analogous ones are found in the dog.

There is no doubt but that these important elements are the central seats of psychic action. The only physiologist, so far as we know, who advocates any other, is Nothnagel; and Dr. Hitzig, whose name is well known in this field of research, justly criticises Nothnagel's opinion that mental or spiritual functions cannot be rigidly localized in the brain cortex, holding that he reads the phenomena wrongly.

Hitzig himself says:—"It follows from the sum of our experiments, that thought is by no means, as Flourens and others have believed, a kind of general function of the brain, the expression of which may be made from it as a whole, but not from single regions, *but that it is much more certain that some psychological (seelische) functions, probably all of them, are dependent, either in their action on matter or their reflection from the same, on certain circumscribed cortical centres.*" And he adds: "For the correctness of this view, in fact, is shown with all desirable logical clearness from our experiments, and we consider this truth as the most valuable result of our labors."

Not only, therefore, the cortex is the seat of thought, but certain regions of it correspond to definite mental functions. This, as our readers well know, has been ably maintained by Prof. Ferrier; and one of the last contributions of that writer, one entitled, "Pathological Illustrations of the Brain Function," has a peculiar interest, as it is a practical application of its author's recent discoveries to the explanation of the facts of disease. Five fatal cases of organic disease of the brain are reviewed in it, and their symptoms are shown to have been in perfect harmony with the results of experimental inquiry.

With all this effort, which is admirable *in suo genere*, there is not a tittle of light thrown on the problem which is stated at the commencement of this article. Any one who supposes there is, reads his text wrongly. Certain conditions requisite to conscious thought are beginning to be defined. But what sort of relation these conditions bear to this manifestation, no one has discovered a single fact about. The causal law, the theoretical necessity, eludes us utterly.

NOTES AND COMMENTS.

A Disease of Carpenters.

This was the subject of a paper by Dr. PETER EADE, at the last British Medical Association.

Carpenters, in certain portions of their work, use their upper extremities very continuously and monotonously; and the special case detailed—that of a carpenter—illustrated the morbid effects produced in them by overwork. Other forms of employment in which the arms are strained by over-exertion, such as that of "navvies" and laborers, who dig much, induce the same results. Sawyers are liable to a peculiar form of exhaustion of their shoulders and arms, but it differs from the affection now described; so also does the well known cramp and arm-weakness of writers, smiths, etc. The special symptoms of "carpenters' disease" are, shortness of breath; vague pains in the chest; pains ascending thence to the neck, face, or head; a constant secretion of salivary or bronchial mucus; and a peculiar nervousness or fidgeti-

ness of manner. A subelavian murmur may be present (and Dr. Richardson has shown this very frequently to exist in carpenters). In some important respects, the symptoms are similar to those seen in chronic cases of concussion of the spine from a railway accident. The nerves involved are doubtless at first those of the brachial plexus, and then those of its related cervical ganglia and (by reflexion) other portions of the sympathetic and cerebro-spinal system. Various kinds of treatment have been tried, but nothing except prolonged rest has been found to be of any benefit.

Blisters in Rheumatism.

This ancient treatment is returning to vogue in England. The blisters are generally made two or three inches wide, and long enough to encircle the limb. When they have risen, they are dressed with linseed meal poultices for several days. Usually, the patients do not complain of the blisters, nor is there any serious inconvenience from them; but as soon as the drawing is accomplished there is a marked amelioration in the swelling, pain, and constitutional disturbance. The cases most eligible for treatment by this means are those where several joints are involved, and the suffering and constitutional disturbance great. Three to six blisters are applied at once near the affected joints; they are repeated as exacerbations occur, and are applied to joints as they are successively involved.

The Chemical Affinities of Drugs.

Dr. W. H. Griffith, who is an avowed "chemiatric," says, in a recent number of the *Medical Press and Circular*:—"I purpose to direct your attention to certain axioms which that advanced therapist, M. Gubler, has recently advocated relative to the sphere of action and of elimination of drugs. I say "axioms," for, for lack of absolute proof, we cannot assign to these propositions the standard of definite laws. The first of these axioms or theorems may thus be stated:

Substances tend toward their similars or analogues in the animal economy; thus, sulphur would tend toward sulphur, phosphorus toward phosphorus, arsenic toward phosphorus, bromine toward chlorine, selenium toward sulphur, and so on.

A second theorem is that when a substance cannot meet with its similar or analogue

it cannot be assimilated, and must be eliminated.

A third proposition is that a substance is eliminated by that channel in which it meets with similar bodies; thus, neutral salts, sulphocyanide of potassium and soda, would be eliminated by the *saliva* and *pancreatic juice*; soda, fatty acids, neutral fatty bodies, cholesterolin, resin, and ferruginous pigment by the *bile*; neutral salts, substances acting as acids, fatty matters, water, and ferruginous pigment by the *urine*; gas and vapors by the *breath*; casein, lactine, volatile fatty acids, butter, and neutral salts by the *milk*; and fatty acids, volatile acids, and neutral salts by the *sweat*.

For my own part I am inclined to regard these theorems as in the main verging on absolute truth, and until they are disproved, or until some equally intelligible and plausible proposition is offered, I will elect to regard these axioms of Gubler as adequately explanatory of the sphere of action and of the channel of elimination of drugs. I lean strongly to the opinion that the presence of quinioidine in animal tissues, as has been demonstrated by the masterly researches of Bence Jones and Dupré, is a powerful argument in favor of Gubler's views.

Rheumatism of the Tendons.

We learn from *The Doctor*, November 1st, that the Parisian surgeon, M. Peter, has often observed cases of rheumatic inflammation of the tendons and serous bursæ, unconnected with gonorrhœa. The pain is to be sought after, not with the hand, but with the finger, carefully exerting pressure on the situation of the tendons and bursæ, for example, behind the ankles, between the biceps and head of the fibula, above the aponeurotic expansion of the knee, behind the calcaneum and the olecranon, in front of the patella, in the situation of the great trochanter, etc. The disease is really an extenuated form of rheumatism, and constitutes rheumatic synovitis. It rarely presents cardiac complications. It is seldom accompanied by any great fever, though sometimes the fever may be somewhat high, and the evening temperature may rise to 39° or 40° Cent., say 101° to 104° Fahr. There may be some œdema in the situation of the inflamed tendons. The surface may also be discolored. It is much milder than articular rheumatism, and does not require energetic treatment.

Engraving of the late Dr. S. W. Butler.

A steel engraving of the late Dr. S. W. Butler, the former proprietor of this journal, and the founder of it as a hebdomadal, has been prepared for his family.

A limited number of copies will be furnished those who may desire them, on receipt of fifty cents, to cover cost of printing, wrapping, and postage.

Agencies Discontinued.

The agency of Dr. Bernacki, in New York city, for the *REPORTER*, and that of Mr. Craig, successor to Mr. Hatch, for the *HALF-YEARLY COMPENDIUM*, have been *discontinued*. All business relating to subscriptions or advertisements for either journal, should be addressed direct to this office.

Collodion in Cervical Adenitis.

Dr. Turnié strongly recommends the application of flexible collodion when the superficial cervical glands are enlarged and threaten supuration, and the skin over them is inflamed. The inflamed region is painted over with a double layer, and an additional layer is added during each of the next three or four days. The application is of no use in deep-seated adenitis, nor when the glandular swelling assumes a chronic form without heat and redness of the skin. The object is to prevent the formation of abscess, and when this has actually formed, the application is useless.

CORRESPONDENCE.

Dysmenorrhœa with Vaginismus.

ED. MED. AND SURG. REPORTER:—

I was called to see Mrs. C., last May, age thirty-nine, who was suffering at the time with hysterical spasms. Placing her upon the bromide potassa, thirty grain doses every three hours until relieved, I left her, to call the next day, when, on making examination per vaginam, I found the vagina so sensitive that examination by the speculum produced the most excruciating pain, which elicited screams from the patient. I found the os congested as well as the vagina, with hypertrophy of the os.

Mrs. C. married at the age of twenty, and never had any children. She had been treated by a number of physicians in twenty years, without any relief from the spasmodic contractions of the uterus, which commenced from three to four days before the expected flow, and lasted from seven to nine days. In attempting to pass the uterine sound through the os, I

found the os so constricted that the smallest surgeon's probe could not be introduced into the body of the uterus. I informed my patient that to cure her an operation would be required, to which she consented.

With the assistance of my friend, Dr. G., of Alabama, who was on a visit to the city, I placed the patient under the influence of Squibb's ether, and commenced the operation by introducing Atlee's dilator, and dilating the os and body of the uterus to the fundus. This was followed by Wilson's dilator, expanding the os so that the forefinger could be introduced. I then placed the thumbs back to back, and forcibly dilated the vagina. Placed my patient in bed, and gave morphia sulph., one-eighth of a grain, chloral hyd., ten grains, every three hours, to relieve pain. In ten weeks the patient was up and about the house, and now, four months after the operation, Mrs. C. menstruates without pain, and the vaginismus is entirely cured.

R. H. HINTON, M. D.,

Philadelphia, Nov. 11th, 1874.

Carcinoma Lingue.

ED. MED. AND SURG. REPORTER:—

This exceedingly troublesome and rapidly destructive malady is very rare. It renders both eating and talking almost intolerably painful. Its situation renders the application of external remedial agents immensely difficult. If it be allowed to take its course without any treatment at all, it causes such enormous tumefaction of the tongue, as either to destroy the patient by asphyxia or dysphagia.

Thomas Hawkes Tanner, M. D., in his *Practice of Medicine*, edition 6, page 122, commencing at the tenth line from the bottom, says, "Of the cases of the cancer of the tongue, which have been described by authors, the most frightful are those where the disease has returned after operation."

Thus Mr. Meeden Cook says, that "the disease returns with intense malignity, not only in the tongue itself, but in all the neighboring glands. The tongue sloughs more rapidly, and bleeds profusely; the glands enlarge to an enormous size, interfering with the powers of deglutition; they then ulcerate, and discharge pus or, serum, or blood, rapidly destroying the patient by a hideous death."

Mrs. Sumner, 120 North Broad street, Baltimore, was afflicted with epithelial cancer of the tongue. Five physicians who examined it concurred in pronouncing it cancer. I was of one mind with them in diagnosis. One of the five physicians proposed excision, but she resolutely refused to submit to this operation. The other four did not recommend any remedial agents whatever. It had increased very slowly during about seven months. She last of all desired me to do what I could for it. I prescribed,

R. Hyd. iodic. rub.	gr. ij	
Cerat. simp.	gr. cxx	
Ol. bergamot,	gtt. vij.	M.

I directed her to roast a fig, and cut a slice from it; then to put a little of the ointment three times a day on the diseased part; and each time put the slice of fig inside the gums and teeth, to prevent the action of the caustic upon the gums.

At the end of three days, under this treatment, her tongue became normal. She felt incredulous. She felt for it, and then looked in a mirror, and was delighted on finding the cause of her suffering entirely gone. About thirteen months have since elapsed without the slightest symptom of any return of the malady.

THOMAS BARROW, M. D.

Baltimore, Md.

Gunshot Wound of the Chest.

ED. MED. AND SURG. REPORTER:—

The following case came under my observation, and is of a very peculiar character, and one unfrequently met with in common practice. The history of the case as obtained from the patient and friends, is as follows:—

Mr. M——, æt. 29, a soldier of the 28th Pa. Vol. in the late rebellion, received in the battle of Pine Knob, Ga., a gunshot wound in the breast, the bullet (a conical) penetrating the lower lobe of the left lung, and passing out near the eleventh dorsal vertebra. He experienced a great shock at the time, which lasted from four to six hours; he was then removed to a hospital, where he remained for three months in a critical condition, under the treatment of army surgeons. As the wound was slow to heal, and suppuration set in, the surgeons had a silver tube three and one half inches long and one inch in thickness introduced, and from which is a constant dripping of pus of a disagreeable odor. His respiration is very difficult, complaining of shortness of breath, being very easily fatigued by walking or ascending steps. He has become emaciated and of a melancholy disposition, which I attribute to the severe nocturnal pains and constant suffering. But the most notable peculiarity connected with the case is, that he can, by taking a full inspiration, expel the air through the silver tube, and with great force, producing a rhoncus or whistling sound. I am endeavoring, at present, to alleviate his suffering, and build up his shattered system. But it is beyond my sanguine expectation to ever effect a permanent cure.

J. ROWLAND FIFE, M. D.

Pittsburg, Pa., Nov. 16th, 1874.

The Sulphites in Dyspepsia.

ED. MED. AND SURG. REPORTER:—

About three weeks ago I was called to visit a man who had been sick for the past three years. He seemed to be laboring under a disease of the stomach, which I diagnosed as dilatation, the result of chronic inflammation. He had been treated by all classes and every kind of physician, from the native American up to some of the leading men of our own branch of the pro-

fession, all without avail. He was still growing worse; the doctor that was attending him at the time I was called in had pronounced his trouble to be a constriction of the pyloric orifice, for the reason that he could get nothing to stay in the stomach without great pain, and because the contents were thrown up in a fermented, or acid condition.

This acid condition I changed by the use of sulphite of soda, with fluid extract *nucis vomiceæ*, and *hydrastis canadensis* as a tonic. He began promptly to improve. The pain was relieved with the hypodermic use of morphia, which I still use once a day to keep the pain in subjection and the abdominal muscles from cramp. In his own words, the food seems to digest best when I use the morphia twice a day; still he is comfortable when it is used but once.

As I am desirous of ceasing the use of this drug as soon as practicable, may I inquire of your readers, what preparation they have found to supply its place in analogous cases?

JAMES D. APPLEY, M.D.

Lanzenboro, Pa.

NEWS AND MISCELLANY.

Old Fashioned Surgery.

The Rev. R. W. Browne, in his work, "A History of Classical Literature," says of medicine in the Homeric age:—"Surgery was the only branch practiced of the science of medicine. Disease was inflicted by the vengeance of heaven, and no human skill was able to arrest the blow. Wounds which were the work of human weapons were able to be treated by man. The surgeon was held in the highest esteem. He knew, however, only the mere rudiments of anatomy, and the treatment which he prescribed was very simple. The wound was dressed with herbs, and the hemorrhage was stopped by the rust of a brazen spear."

Ancient Treatment of Syphilis.

The following case, dating as far back as 1667, shows a modern method in old hands. A soldier was affected with syphilis of long standing, with numerous exostoses. Three drachms of *liqueur purgative* were injected into the vein of the arm. Great pain in the elbow and swelling of the arm followed; the medicine acted at the end of four hours with five actions of the bowels; the following days the same action went on. The exostoses diminished, and soon there were no traces of the lues venerea left. The *Journal des Savants* of January 23d, 1668, relates these cases, but gives no details respecting this purgative liquor (*medicamentum purgans*). Might it not have been calomel, then the universal panacea recommended by Paracelsus? However this may be, it is certain that surgeons in former times have made medicated injections into the veins with-

out any untoward consequences, though with imperfect instruments, and seem to have obtained beneficial results from their use.

Total Abstinence in Maine.

In answer to an inquiry from a gentleman in England regarding the working of the Maine Liquor Law, Governor Dingley writes that the effect of the law has been wholly good, and adds: "In more than three-fourths of the State the law has been well enforced, and dram-shops are unknown. In the balance of the State, comprising the large cities, the law is not so well enforced, and in Portland and Bangor I regret to say that we are almost as bad off as we should be if we had a license law. The result of the law on the whole, united with temperance efforts, has been greatly to reduce the consumption of intoxicating liquors and lessen drunkenness in a most noteworthy degree."

Personal.

—Claude Bernard has been appointed Director of the French Academy for the last quarter of 1874. The French Academy, it will be remembered, numbers only forty members, consisting of the most distinguished literary writers of the country.

—Recently, Dr. W. H. Hollingshead, of Fort Valley, Ga., amputated the leg of Dr. J. L. Gibson, at Montezuma. The limb was crushed twenty years ago, by an accident of some kind on a railroad. It was cut off below the knee.

—George Labar died at Stroudsburg, on Saturday, at the reported age of 113.

—English exchanges announce the death of Dr. Edward Smith. He is known as the author, among other works, of a book of Travels in Texas, published 1849.

Items.

—The Board of Health of Syracuse, New York, announce that there are only four cases of small-pox and nine of varioloid in that city; also, that the disease is "fully under control."

—A number of the French Canadian physicians of Montreal have formed an "Anti-Compulsory Vaccination League." They intend to oppose by all legal means the operation of the vaccination law, and to endeavor to procure its repeal.

—The German Cholera Conference in Berlin held its concluding meeting on October 20. The proceedings are in the hands of Professors von Pettenkofer and Hirsch, for arrangement and publication.

DEATHS.

HELLER.—December 4th, at No. 709 Brown street, Philadelphia, of meningitis, Henrietta Emille, youngest child of Dr. Max and Rosa R. Heller, aged 2 years and 3 months.